

ISSUE SLIP STAPLE AREA (for additional sheet references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | MD       |        | 10-17-01 |
| O.I.P.E. CLASSIFIER | SW       | 32     | 10/31    |
| FORMALITY REVIEW    | SW       | 1085   | 11-15-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date    |
|-------|---------|
| 1     | 9/21/02 |
| 2     | ✓       |
| 3     | ✓       |
| 4     | ✓       |
| 5     | ✓       |
| 6     | ✓       |
| 7     | ✓       |
| 8     | ✓       |
| 9     | ✓       |
| 10    | ✓       |
| 11    | ✓       |
| 12    | 0       |
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| Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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